

**Application Data Sheet**  
**Application Information**

**Application number::**

**Filing Date::**

**Application Type::** Regular

**Subject Matter::** Utility

**Title::** Robot Vacuum with Internal Mapping System

**Attorney Docket Number::** SHPR-01360USM

**Request for Early Publication?::** No

**Request for Non-Publication?::** No

**Suggested Drawing Figure::** 1

**Total Drawing Sheets::** 15

**Small Entity?::** No

**Applicant Information**

**Applicant Authority Type::** Inventor

**Primary Citizenship Country::** United States

**Status::** Full Capacity

**Given Name::** Charles

**Middle Name::** E.

**Family Name::** Taylor

**Name Suffix::**

**City of Residence::** Punta Gorda

**State or Province of Residence::** Florida

**Country of Residence::** United States

**Street of mailing address::**

**City of mailing address::**

**State or Province of mailing address::**

**Country of mailing address::**

**Postal or Zip Code of mailing address::**

**Applicant Authority Type::**

Inventor

**Primary Citizenship Country::**

United States

**Status::**

Full Capacity

**Given Name::**

Andrew

**Middle Name::**

J.

**Family Name::**

Parker

**Name Suffix::**

**City of Residence::**

Novato

**State or Province of Residence::**

California

**Country of Residence::**

United States

**Street of mailing address::**

**City of mailing address::**

**State or Province of mailing address::**

**Country of mailing address::**

**Postal or Zip Code of mailing address::**

**Applicant Authority Type::**

Inventor

**Primary Citizenship Country::**

United States

**Status::**

Full Capacity

**Given Name::**

Shek

**Middle Name::**

**Family Name::**

Fai Lau

**Name Suffix::**

**City of Residence::** Foster City  
**State or Province of Residence::** California  
**Country of Residence::** United States  
**Street of mailing address::**  
**City of mailing address::**  
**State or Province of mailing address::**  
**Country of mailing address::**  
**Postal or Zip Code of mailing address::**

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** United States  
**Status::** Full Capacity  
**Given Name::** Eric  
**Middle Name::** C.  
**Family Name::** Blair  
**Name Suffix::**  
**City of Residence::** San Rafael  
**State or Province of Residence::** California  
**Country of Residence::** United States  
**Street of mailing address::**  
**City of mailing address::**  
**State or Province of mailing address::**  
**Country of mailing address::**  
**Postal or Zip Code of mailing address::**

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** United States

**Status::** Full Capacity  
**Given Name::** Andrew  
**Middle Name::**  
**Family Name::** Haninger  
**Name Suffix::**  
**City of Residence::** Novato  
**State or Province of Residence::** California  
**Country of Residence::** United States  
**Street of mailing address::**  
**City of mailing address::**  
**State or Province of mailing address::**  
**Country of mailing address::**  
**Postal or Zip Code of mailing address::**

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** United States  
**Status::** Full Capacity  
**Given Name::** Eric  
**Middle Name::**  
**Family Name::** Ng  
**Name Suffix::**  
**City of Residence::** Santa Clara  
**State or Province of Residence::** California  
**Country of Residence::** United States  
**Street of mailing address::**  
**City of mailing address::**  
**State or Province of mailing address::**

**Country of mailing address::**

**Postal or Zip Code of mailing address::**

### **Correspondence Information**

**Correspondence Customer Number::** 23910

**Phone number::** (415) 362-3800

**Fax Number::** (415) 362-2928

**Email address::** officeactions@fdml.com

### **Representative Information**

**Representative Customer Number::** 23910

### **Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
This Application	An application Claiming the benefit under 35 USC 119(e)	60/454,934	03/14/03
	An application Claiming the benefit under 35 USC 119(e)	60/518,756	11/10/03
	An application Claiming the benefit under 35 USC 119(e)	60/518,763	11/10/03
	An application Claiming the benefit under 35 USC 119(e)	60/526,868	12/04/03
	An application Claiming the benefit under 35 USC 119(e)	60/527/021	12/04/03

	An application Claiming the benefit under 35 USC 119(e)	60/526,805	12/04/03
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### Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

### Assignee Information

**Assignee Name::**

**Street of mailing address::**

**City of mailing address::**

**State or Province of mailing address::**

**Country of mailing address::**

**Postal or Zip Code of mailing address::**